Davidson County	AFFIDAVITH
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF Williamson)

Comes the affiant, Anthony T. Graham, being first duly sworn according to law, being of lawful age and a resident for the past 18 years of 3854 Cobble Street, Nashville, Davidson, County, State of Tennessee and pursuant to Section 30-2 712 of the Tennessee Code Annotated, hereby swears to the following of his/her own free will and based upon his/her personal knowledge and familiarity:

1. Charles F. Burke (the "decedent") died August 22, 2014, a resident of Antioch, Tennessee.

2. The decedent was married 1 times during his/her lifetime.
   The decedent's 1st marriage, to Mary Carolyn Burke, ended in (divorce/death of spouse) on December 12, 2006
   The decedent's next marriage, to n/a, ended in (divorce/death of spouse) on _____.

   ☐ The decedent's final marriage, to n/a, ended in (divorce/death of spouse) on _____. The decedent therefore died without a surviving spouse.

   ☐ The decedent died leaving a surviving spouse, whose name is n/a, and who was married to decedent on _____.

3. ☑ The decedent died with surviving issue (biological or adopted children, grandchildren, etc.), as follows:

Name	Date of Birth	Parents
Michael Forrest Burke	8-14-74	Charles F. and Mary Carolyn

   ☐ Decedent's following issue (biological or adopted children grandchildren, etc.) predeceased him/her:

Name	Date of Birth	Parents	Date of Death
n/a			

   ☐ The decedent died without surviving issue (biological or adopted children, grandchildren, etc.).

4. The decedent's father, Charles Forrest Burke Sr, (~~survives~~/died 12-22-1975, ____).

The decedent's mother, Dorothy Burke, (~~survives~~/died 12-15-2001,).

5. Decedent's surviving siblings (brothers and sisters) were:

Name	Date of Birth	Parents
Ronnie Burke	12-29-1951	
James Burke	10-10-1952	

Decedent's siblings who predeceased him/her were:

Name	Date of Birth	Parents	Sibling's Children
	n/a		

DATED this 5th day of January, 2016.

FURTHER SAITH AFFIANT NOT.

Anthony T Graham

Printed Name: Anthony T. Graham

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Anthony T. Graham the bargainor, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that ____ he ____ executed the foregoing Affidavit of Heirship for the purposes and considerations therein contained.

WITNESS my hand and official seal of office, this 5th day of January, 2016.

My commission expires: _____

NOTARY PUBLIC

J WAYNE THOMAS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires November 6, 2017

This Affidavit of Heirship Prepared by:
Foundation Title and Escrow Series, LLC
277 Mallory Station Rd, Suite 102
Franklin, TN 37067

True Copy Certification

I Anita L. Leach, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true correct copy of the original document executed and authenticated according to law.

Anita L. Leach

State of Tennessee/County of Wilson SS:

Personally appeared before me, Shelly M Smith, a notary public for this County and State, Anita L. Leach, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

SHELLY M SMITH
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires 04-24-2018

Shelly M Smith